Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

CLAIMS AS FILED - PART I (Column 1) (Column 2) **NUMBER FILED NUMBER EXTRA BASIC FEE** minus 20= **TOTAL CLAIMS** INDEPENDENT CLAIMS minus 3 =MULTIPLE DEPENDENT CLAIM PRESENT

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

		(Column	1)	(Column 2)	(Column 3)			
AMENDMENT A		CLAIMS REMAININ AFTER AMENDMEI		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA			
	Total	. 16	Minus	** 34	= /			
	Independent	* 1	Minus	*** 3	=/			
۲	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							

Ĺ		(Column 1)		(Column 2)	(Column 3)			
ENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA			
AMENDMENT	Total	. 20	Minus	34	=			
	Independent	* . [Minus	*** 3	= /			
ا≺	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							

		(Column 1)		(Column 2)	(Column 3)		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		
	Total	*	Minus	**	=		
	Independent	*	Minus	***	=		
۷	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

	TYPE (ENTITY	OR	SMALL ENTITY			
ı	RATE	FEE		RATE	FEE		
		345.00	OR		690.00		
	X\$ 9=		OR	X\$18=	252 ^{&}		
١	X39=		OR	X78=			
	+130=		OR	+260=			
TOTAL		OR	TOTAL	94200			

		OTHER THAN
SMALL ENTITY	OR	SMALL ENTITY

RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
X\$ 9=		OR	X\$18=		
X39=		OR	X78=		
+130=		OR	+260=		
TOTAL OR ADDIT. FEE ADDIT. FEE					

RATE	ADDI- TIONAL FEÆ		RATE	ADDI- TIONAL FEE
X\$ 9=		OR	X\$18=	
X39= /		OR	/X78=	
+130=		OR	+260=	
TOTAL		OR	TOTAL	

RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
X\$ 9=		OR	X\$18=	
X39=		OR	X78=	
+130=		OR	+260=	
TOTAL ADDIT. FEE OR ADDIT. FEE				

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

FOR

This Form is for INTERNAL PTO USE ONLY It does NOT get mailed to the applicant.

NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER: 602922

Total Fee Calculation

	•	Total Fo	e Calcula	itiot	2		
	Fee Cade	Tatal # Claums	Number Extra	X	F .	Fac .	_
Gualo Filing Fee	Sm./Lg 2017(1)				Sin Entiry	Lg Entiry	Total
Total Claims >20	201 (4);	34	. 14				<u>690°°°</u>
Independent Claum: >]	202/012	2		Х		· ·	252
Malt. Dep Claim Present	=			X			
Suraharge	205/104					•	1700
English Translation	130					-	130
TOTAL FEE CALCULA	TION						
Fees due upan filing th	e application				·		
Total Filing Fees Due =	s <u>16</u> -	72.00					
Less Filing Fees Submit	ted - 5 <u>/</u>						
BALANCE DUE	= 5 <u>#C</u>	72.00					
Office of Initial Parent Ex	amination						

Ligure 7

FORM OIPE-RAM-01 (Rev. 12/97)